

## CLAIMS ONLY

Application Number <b>10/610477</b>	Filing Date
Applicant(s)	

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend				
1	/						51			
2		/					52			
3		/					53			
4		/					54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
9		/					59			
10		/					60			
11		/					61			
12	/						62			
13		/					63			
14		/					64			
15		/					65			
16		/					66			
17							67			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	2						Total Indep			
Total Depend	14						Total Depend			
Total Claims	16						Total Claims			